

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ALL CITIZENS FOR MISSISSIPPI

ADDRESS (number and street)

1750 ELLIS AVE., SUITE 600

☐ Check if different than previously reported. (ACC)

JACKSON

MS

39204

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00564351

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

MS

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jacqueline Vann

Signature of Treasurer

Jacqueline Vann

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ALL CITIZENS FOR MISSISSIPPI

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		01		2014

To:

M M	/	D D	/	Y Y Y Y
11		24		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																						
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="4">2014</td></tr></table>	Y	Y	Y	Y	2014					<table><tr><td colspan="10"></td><td>0.00</td></tr></table>											0.00			
Y	Y	Y	Y																					
2014																								
										0.00														
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="10"></td><td>9059.46</td></tr></table>											9059.46												
										9059.46														
(c) Total Receipts (from Line 19)	<table><tr><td colspan="10"></td><td>19000.00</td></tr></table>											19000.00	<table><tr><td colspan="10"></td><td>183340.00</td></tr></table>											183340.00
										19000.00														
										183340.00														
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="10"></td><td>28059.46</td></tr></table>											28059.46	<table><tr><td colspan="10"></td><td>183340.00</td></tr></table>											183340.00
										28059.46														
										183340.00														
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="10"></td><td>27451.85</td></tr></table>											27451.85	<table><tr><td colspan="10"></td><td>182732.39</td></tr></table>											182732.39
										27451.85														
										182732.39														
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="10"></td><td>607.61</td></tr></table>											607.61	<table><tr><td colspan="10"></td><td>607.61</td></tr></table>											607.61
										607.61														
										607.61														
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="10"></td><td>0.00</td></tr></table>											0.00												
										0.00														
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="10"></td><td>0.00</td></tr></table>											0.00												
										0.00														



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ALL CITIZENS FOR MISSISSIPPI

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 01 2014

To:

M M / D D / Y Y Y Y
11 24 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

11540.00

(ii) Unitemized

0.00

800.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

12340.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

19000.00

171000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

19000.00

183340.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

19000.00

183340.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

19000.00

183340.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	127704.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	127704.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	27451.85	55027.56
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	27451.85	182732.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27451.85	182732.39

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	19000.00	183340.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19000.00	183340.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	127704.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	127704.83

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 17
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ALL CITIZENS FOR MISSISSIPPI

Full Name (Last, First, Middle Initial)

A. Mississippi Conservatives

Mailing Address P O Box 2096

City State Zip Code
Jackson MS 39225

FEC ID number of contributing
federal political committee.

C C00554774

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

171000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 24 2014

Transaction ID : SA11C.4314

Amount of Each Receipt this Period

19000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

19000.00

19000.00

C C00564351

3400.85

Three digital displays showing the date 10/28/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '28' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

400.00

MM / DD / YYYY

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

3800.85

(c) **TOTAL** Independent Expenditures.....

MM / DD / YYYY

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 8 OF 17
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) ALL CITIZENS FOR MISSISSIPPI			FEC IDENTIFICATION NUMBER ▼ C C00564351		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Ronnie Crudup Sr.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 242 Heathway Cove			Amount 500.00		
City Jackson	State MS	Zip Code 39272	Transaction ID : SE.4332		
Purpose of Expenditure Printing & notification list		Category/ Type 003	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 13 / 2014		
Name of Federal Candidate THAD COCHRAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>		
Calendar Year-To-Date Per Election for Office Sought		26051.85	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee EJ'S Entertainment			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 120 Emmit Road			Amount 800.00		
City Flora	State MS	Zip Code 39071	Transaction ID : SE.4321		
Purpose of Expenditure Sound & Lighting Block Party		Category/ Type 003	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2014		
Name of Federal Candidate THAD COCHRAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>		
Calendar Year-To-Date Per Election for Office Sought		1629.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1300.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Jacqueline Vann		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 02 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 9 OF 17
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

ALL CITIZENS FOR MISSISSIPPI

FEC IDENTIFICATION NUMBER ▼

C

C00564351

Check if ☐ 24-hour report ☐ 48-hour report☐ New report ☐ Amends report filed on

M M / D D / Y Y Y Y Y Y

Full Name of Payee
Kehinde Gaynor

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y

Mailing Address 1221 Scots Glen

Amount

City State Zip Code
Jackson MS 39204

300.00

Transaction ID : SE.4330

Date of Disbursement or Obligation

Purpose of Expenditure
InvitationsCategory/
Type 003M M / D D / Y Y Y Y Y Y
10 29 2014

Name of Federal Candidate

THAD COCHRAN

☒ Support
☐ OpposeOffice Sought: ☐ House District: _____
☐ President ☒ Senate State: MSCalendar Year-To-Date
Per Election for Office Sought

25251.85

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶ _____Full Name of Payee
Staci Hunter

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y

Mailing Address 624 Freemont St

Amount

City State Zip Code
Jackson MS 39204

200.00

Transaction ID : SE.4318

Date of Disbursement or Obligation

Purpose of Expenditure
ConsultantCategory/
Type 003M M / D D / Y Y Y Y Y Y
10 21 2014

Name of Federal Candidate

THAD COCHRAN

☒ Support
☐ OpposeOffice Sought: ☐ House District: _____
☐ President ☒ Senate State: MSCalendar Year-To-Date
Per Election for Office Sought

629.00

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

500.00

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jacqueline Vann

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 02 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 10 OF 17
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) ALL CITIZENS FOR MISSISSIPPI			FEC IDENTIFICATION NUMBER ▼ C C00564351		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Staci Hunter			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 624 Freemont St			Amount 300.00		
City Jackson	State MS	Zip Code 39204	Transaction ID : SE.4331		
Purpose of Expenditure Consultant		Category/Type 003	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 2014		
Name of Federal Candidate THAD COCHRAN			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>		
Calendar Year-To-Date Per Election for Office Sought 25551.85			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee iHeart Media			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 1375 Beasley Road			Amount 3501.00		
City Jackson	State MS	Zip Code 39206	Transaction ID : SE.4289		
Purpose of Expenditure Radio Ad		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2014		
Name of Federal Candidate THAD COCHRAN			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>		
Calendar Year-To-Date Per Election for Office Sought 14951.85			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			3801.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Jacqueline Vann</u>			Date M M / D D / Y Y Y Y Y Y 12 / 02 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 11 OF 17
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) ALL CITIZENS FOR MISSISSIPPI			FEC IDENTIFICATION NUMBER ▼ C C00564351	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee La Finestra			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 120 N Congress St., Suite L-3			Amount 3720.00	
City Jackson	State MS	Zip Code 39201	Transaction ID : SE.4323 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2014	
Purpose of Expenditure Catering cost		Category/ Type 003		
Name of Federal Candidate THAD COCHRAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>	
Calendar Year-To-Date Per Election for Office Sought		5349.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Ferdinand McAfee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 151 Broadway Street #D5			Amount 200.00	
City Clinton	State MS	Zip Code 39056	Transaction ID : SE.4325 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2014	
Purpose of Expenditure Consultant		Category/ Type 003		
Name of Federal Candidate THAD COCHRAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>	
Calendar Year-To-Date Per Election for Office Sought		5549.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			3920.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Jacqueline Vann</i>		[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 12 / 02 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 17
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) ALL CITIZENS FOR MISSISSIPPI			FEC IDENTIFICATION NUMBER ▼ C C00564351		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Ferdinard McAfee			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 151 Broadway Street #D5			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">1900.00</div>		
City Clinton	State MS	Zip Code 39056	Transaction ID : SE.4327 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 29 / 2014</div>		
Purpose of Expenditure Consultant		Category/ Type <div style="border: 1px solid black; padding: 2px;">003</div>			
Name of Federal Candidate THAD COCHRAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">24551.85</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Roberts Radio, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 28 / 2014</div>		
Mailing Address 745 N State Street			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">3000.00</div>		
City Jackson	State MS	Zip Code 39202	Transaction ID : SE.4291 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 28 / 2014</div>		
Purpose of Expenditure Radio Ad		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>			
Name of Federal Candidate THAD COCHRAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">17951.85</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">4900.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Jacqueline Vann</u>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 12 / 02 / 2014</div>	

Full Name of Payee The Jackson Advocate		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 438 Mill St		Amount 1600.00	
City Jackson	State MS	Zip Code 39202	Transaction ID : SE.4301
Purpose of Expenditure Newspaper Ad	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate THAD COCHRAN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: _____ State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought	22651.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	2029.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jacqueline Vann

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 14 OF 17
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) ALL CITIZENS FOR MISSISSIPPI			FEC IDENTIFICATION NUMBER ▼ C C00564351	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee The Mississippi Link			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 2659 Livingston Rd			Amount 800.00	
City Jackson	State MS	Zip Code 39213	Transaction ID : SE.4320	
Purpose of Expenditure Ad Block Party		Category/ Type 003	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate THAD COCHRAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>	
Calendar Year-To-Date Per Election for Office Sought		800.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2104 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee The Mississippi Link			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 2659 Livingston Rd			Amount 800.00	
City Jackson	State MS	Zip Code 39213	Transaction ID : SE.4300	
Purpose of Expenditure Newspaper ad		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate THAD COCHRAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>	
Calendar Year-To-Date Per Election for Office Sought		21051.85	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1600.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Jacqueline Vann		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 02 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 15 OF 17
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) ALL CITIZENS FOR MISSISSIPPI			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00564351</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>				
Full Name of Payee The Mississippi Link			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	
Mailing Address 2659 Livingston Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">600.00</div>	
City Jackson		State MS	Zip Code 39213	
Purpose of Expenditure Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>		Transaction ID : SE.4333 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>
Name of Federal Candidate THAD COCHRAN			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">House</div> District: _____ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">President</div> <input checked="" type="checkbox"/> Senate State: <u>MS</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26651.85</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee WMPR 90.1 FM			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	
Mailing Address 1018 Pecan Park Circle			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">200.00</div>	
City Jackson		State MS	Zip Code 39209	
Purpose of Expenditure Ad		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>		Transaction ID : SE.4319 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">22</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>
Name of Federal Candidate THAD COCHRAN			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">House</div> District: _____ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">President</div> <input checked="" type="checkbox"/> Senate State: <u>MS</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">829.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">800.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div> <i>Jacqueline Vann</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 30%; text-align: right;">Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div></div></div>				

Full Name of Payee WQID Radio		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 29 / 2014</div> </div>	
Mailing Address 301 Humble Ave., Ste 134		Amount <div> <div>1500.00</div> </div>	
City Hattiesburg	State MS	Zip Code 39401	Transaction ID : SE.4295 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 29 / 2014</div> </div>
Purpose of Expenditure Radio Ad		Category/ Type 004	
Name of Federal Candidate THAD COCHRAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		<div> <div>20251.85</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
District: _____		State: <u>MS</u>	

(a) SUBTOTAL of Itemized Independent Expenditures.....	3000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

M M / D D / Y Y Y Y
12 02 2014

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) ALL CITIZENS FOR MISSISSIPPI			FEC IDENTIFICATION NUMBER ▼ C C00564351		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee WRTM-FM			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address P O Box 9734			Amount 1001.00		
City Jackson		State MS	Zip Code 39286-9734		Transaction ID : SE.4282
Purpose of Expenditure Radio Ad		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate THAD COCHRAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS		
Calendar Year-To-Date Per Election for Office Sought 6550.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee WTYJ			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 20 East Frankliln Street			Amount 800.00		
City Natchez		State MS	Zip Code 39120		Transaction ID : SE.4293
Purpose of Expenditure Radio Ad		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate THAD COCHRAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MS		
Calendar Year-To-Date Per Election for Office Sought 18751.85			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1801.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			27451.85		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Jacqueline Vann</u>			Date MM / DD / YYYY 12 / 02 / 2014		

[Electronically Filed]